

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD FOR TREATMENT OF MULTIPLE SCLEROSIS
Attorney Docket Number::	FISHMAN13A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Pnina

Middle Name::  
Family Name:: FISHMAN  
Name Suffix::  
City of Residence:: Herzliya  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 19 Asher Barash Street  
City of Mailing Address:: Herzliya  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 46365  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Sara  
Middle Name::  
Family Name:: BAR YEHUDA  
Name Suffix::  
City of Residence:: Rishon Le Zion  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 21B Arbel Street  
City of Mailing Address:: Rishon Le Zion  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 75474  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Lea  
Middle Name::  
Family Name:: MADI  
Name Suffix::

City of Residence:: Rishon Le Zion  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 27 Richard Fienman Street  
City of Mailing Address:: Rishon Le Zion  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 75791

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/IL04/00116	12-23-04
PCT/IL04/001160	Appln claiming benefit of 35 USC 119(e)	60/532,712	12-29-03

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignment Information**

Assignee Name:: CAN-FITE BIOPHARMA LTD.  
Street of Mailing Address:: 10 Bareket Street  
City of Mailing Address:: Petach Tikva  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 49170